

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599

CRA-Applications@Michigan.gov

ACKNOWLEDGMENT OF ATTESTATIONS

(To be completed and submitted by the applicant)

Do not sign until notary is present

On behalf of	, I
Name of Main Applicant	, I, Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
I hereby swear, acknowledge, and consent to the following at acknowledgment and consent):	testations (check all that apply to indicate the applicant's
☐ Attestation G: Acknowledgment & Consent to Investigatio ☐ Attestation H: Interest & Experience Attestation	ns, Statute & Rule Compliance
☐ Attestation I: Confirmation of Section 205 Compliance – P	art 2: Applicant
☐ Attestation J: Confirmation of Section 408 Compliance – I	nsurance
is true, complete, and correct, and that no material information has Signature of Individual Authorized to Sign on Behalf of Main Applicant	Date
Subscribed and sworn to by(Authorized Individual Name)	before me on (Date)
(Notary Public Signature)	(Notary Public Printed Name)
State of, County of	. Acting in the county of, (county)
My commission expires:	

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